

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name LEGENDS CAFE		Telephone Number Est 812-913-3431 Own		Date of Inspection 08/06/2021	ID#
Address 2607 CHARLESTOWN RD, NEW ALBANY IN 47150		Purpose <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)		Follow Up	Released 08/16/2021
Owner				Menu Type 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Owner's Address ,					
Person in Charge JEREMY CLARY					
Responsible Person's Email					
Certified Food Handler DAMON KIETH					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"					
Section #	C	NC	R	Narrative	To Be Corrected
309		X		Observed the fumehood had not been tested. After the Fire Marshall has approved the fumehood the establishment can apply for their permit.	Before opening
218		X		Observed gap under coving and in concrete on the right wall when entering the kitchen. Fill in gap to prevent water from damaging the wall and floor. Observed light bulbs out in fumehood and walk-in cooler. PIC stated there is a electrician scheduled for repairs.	8/19/21
324		X		Observed leak around hot water handle on kitchen hand washing sink. PIC stated a gasket has been ordered.	8-19-21
Summary of Violations C <u>0</u> NC <u>3</u> R <u>0</u>					
Received by (name and title printed):				Inspected by (name and title printed):	
				Thomas Snider CFS	
Received by (signature):				Inspected by (signature):	
				<i>Thomas Snider</i>	
cc:			cc:		cc: